

DEA # AG8243913

Lic. # MD018911Y

DR. LUIS L. GOMEZ
505 POPLAR ST.
MEADVILLE, PA 16335

Tel: 336 - 6068

Name..... Evelyn McKinley Age.....

Address.....

BELOW MUST APPEAR GREEN Date 5/16/02

Rx

no work until released.

REFILL _____ TIMES

 LABEL

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

University of Pittsburgh Physicians

Department of Neurological Surgery

Part of UPMC Health System

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1200 Lothrop Street
Pittsburgh, PA 15213-2582
Phone 412-647-6773
MD #047686-L

A#3- 0259445

Name McKinley, Evelyn

Age _____

Address _____

Date 5/21/02

Refill _____ times

Rx

No to return to work for 6 wksW W / W
In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary"
or "Brand Medically Necessary" in the space below.

Form #5028-7660-0700

PLAINTIFF'S
EXHIBIT

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